

**DEPARTMENT OF LIQUOR LICENSES &**

**QUESTIONNAIRE**

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**or any public view.**

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**RTNER, STOCKHOLDER (10% OR MORE), MEMBER**  
**LICANT") TYPE FINGERPRINT CARD WHICH MAY BE**  
**MENT AGENCY OR A FINGERPRINTING SERVICE AP**  
**RVICE.**

400 W Congress #521  
Tucson AZ 85701-1352  
(520) 628-6595

**Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.**

TO BE COMPLETED BY EACH OWNER, AGENT, PARTNER, STOCKHOLDER (10% OR MORE), MEMBER, OFFICER OR MANAGER. ALSO EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT THE DEPT. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY THE DEPARTMENT OF LIQUOR. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

**Eff. 10/01/03 there is a \$29.00 processing fee for each fingerprint card submitted.**

( If the location is currently licensed)

<b>1. Check appropriate box</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Stockholder <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Agent <input type="checkbox"/> Other _____ (Complete Questions 1-20 & 24) <b>Licensee or Agent must complete # 25 for a Manager</b>	<input type="checkbox"/> Manager(Only) <b>(Complete All Questions <u>except</u> # 14, 14a &amp; 25)</b> <b>Licensee or Agent must complete # 25</b>
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2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First Middle  
**(This Will Not Become a Part of Public Records)**

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(This Will Not Become a Part of Public Records)

4 . Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State **Country** (not county)

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Residence (Home) Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_

8 Telephone number to contact you during business hours for any questions regarding this document. (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

9. If you have been a resident less than three (3) months, submit a copy of driver's license or voter registration card.

10. Name of Licensed Premises: \_\_\_\_\_ Premises Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

11. Licensed Premises Address: \_\_\_\_\_

Street Address (Do not use PO Box #)	City	County	Zip

12. List your employment or type of business during the past five (5) years, if unemployed part of the time, list those dates. **List most recent 1st.**

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR <u>NAME OF BUSINESS</u> (Give street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet giving name, address and phone number of landlord	City	State	Zip
	CURRENT					

**If you checked the Manager box on the front of this form skip to # 15**

14. As an Owner, Agent, Partner, Stockholder, Member or Officer, will you be physically present and operating the the licensed premises ? If you answered YES, how many hrs/day? \_\_\_\_\_, **answer #14a below**. If NO, skip to #15. ☐ YES ☐ NO
- 14a. Have you attended a Department approved Liquor Law Training Course within the last 5 years? (Must provide proof) ☐ YES ☐ NO  
**If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.**
15. Have you **EVER** been **detained, cited, arrested, indicted or summoned** into court for violation of **ANY** law or ordinance (regardless of the disposition even if dismissed or expunged)? **For traffic violations, include only those that were alcohol and/or drug related.** ☐ YES ☐ NO
16. Have you **EVER** been **convicted, fined, posted bond, been ordered to deposit bail, imprisoned, had sentence suspended, placed on probation or parole** for violation of **ANY** law or ordinance (regardless of the disposition even if dismissed or expunged)? **For traffic violations, include only those that were alcohol and/or drug related.** ☐ YES ☐ NO
17. Are there **ANY** administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses **PENDING** against you or **ANY** entity in which you are now involved? ☐ YES ☐ NO
18. Have you or any entity in which you have held ownership, been an officer, member, director or manager **EVER** had a business, professional or liquor **APPLICATION OR LICENSE rejected, denied, revoked, suspended or fined** in this or any other state? ☐ YES ☐ NO
19. Has anyone **EVER** **filed suit or obtained a judgment against you** in a civil action, the subject of which involved **fraud or misrepresentation of a business, professional or liquor license**? ☐ YES ☐ NO
20. Are you **NOW** or have you **EVER** held ownership, been a controlling person, been an officer, member, director, or manager on **any other liquor license** in this or any other state? ☐ YES ☐ NO

**If any answer to Questions 15 through 20 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.**

**If you checked the Manager box on the front of this form, fill in #21-23 and 24, all others skip the following box (21-23) and go to # 24**

### **Manager Section**

21. Have you attended a Department approved Liquor Law Training Course within the last 5 years? (Must provide proof) ☐ YES ☐ NO  
**If the answer to #21 is "NO" course must be completed BEFORE ISSUANCE of a new license OR APPROVAL on an existing license.**
22. Do you make payments to the licensee? ☐ YES ☐ NO If "yes", how much? \$\_\_\_\_\_ per month. Total debt to licensee \$\_\_\_\_\_
23. Is there a formal written contract or agreement between you and the licensee relating to the operation or management of this business? ☐ YES ☐ NO If "yes", attach a copy of such agreement

24. I, \_\_\_\_\_, hereby declare that I am the APPLICANT filing this questionnaire.  
(Print full name of Applicant)

I have read this questionnaire and the contents and all statements are true, correct and complete.

X \_\_\_\_\_  
(Signature of Applicant)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
Day Month Year

My commission expires on: \_\_\_\_\_  
Day Month Year (Signature of NOTARY PUBLIC)

### **FILL IN THIS SECTION ONLY IF YOU ARE A LICENSEE OR AGENT APPROVING A MANAGER APPLICATION** **Licensee or Agent Approval of Manager**

25.I, (**Print** Licensee/Agent's Name): \_\_\_\_\_  
Hereby authorize the applicant to act as manager for the named liquor license.

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
Day Month Year

X \_\_\_\_\_  
(Signature of LICENSEE/AGENT)

My commission expires on: \_\_\_\_\_  
Day Month Year (Signature of NOTARY PUBLIC)